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| I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231. | |
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| 01/09/01 U.S. PTO 0082 175309 | |

| UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b) | |
|---|---|
| Attorney Docket Number | 00786/317003 |
| Applicant | Roger Brent et al. |
| Title | DETECTION SYSTEMS FOR REGISTERING PROTEIN INTERACTIONS AND FUNCTIONAL RELATIONSHIPS |
| PRIORITY INFORMATION: | |
| This application is a continuation of and claims priority from United States patent applications U.S.S.N. 09/189,653, filed November 10, 1998, and U.S.S.N. 60/065,273, November 10, 1997. | |
| APPLICATION ELEMENTS: | |
| Cover sheet | 1 page |
| Specification | 31 pages |
| Claims | 10 pages |
| Abstract | 1 page |
| Drawing | 6 sheets |
| Combined Declaration and POA, which is: <input checked="" type="checkbox"/> A copy from prior application 09/189,653 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein. | 5 pages |
| Statement Deleting Inventors | |
| Sequence Statement | |
| Sequence Listing on Paper | |
| Sequence Listing on Diskette | |
| Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [SERIAL NO.] and such small entity status is still proper and desired. | |
| Preliminary Amendment | |

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|---|---|
| IDS | |
| Form PTO 1449 | |
| Cited References | |
| Recordation Form Cover Sheet and Assignment | |
| Assignee's Statement | |
| English Translation | |
| Certified Copy of Priority Document | |
| Return Receipt Postcard | 1 |
| FILING FEES: | |
| Basic Filing Fee: \$710 | |
| Excess Claims Fee: 40 -20 x \$18 | |
| Excess Independent Claims Fee: 6-3 x \$80 | |
| Multiple Dependent Claims Fee: \$270 | |
| Total Fees: | |
| <input checked="" type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095. | |
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| <u>9 January 2001</u> Date | |